

SUBMIT: COMPLETED APPLICATION, TAX
STAMP AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAY 28 2014
Bayfield Co. Zoning Dept.



Permit #:	14-0095
Date:	6-4-14
Amount Paid:	\$2550
Refund:	5-28-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Kerry & Mark Hoffman</u>	Mailing Address: <u>3802 Crystal Dr. Washburn, WI 54891</u>	Telephone: <u>715-845-5767</u>
Address of Property: <u>35165 Chequamegon Rd.</u>	City/State/Zip: <u>Bayfield WI 54891</u>	Cell Phone:
Contractor: <u>Lake Effect Builders, LLC</u>	Contractor Phone: <u>715-209-0300</u>	Plumber Phone: <u>715-373-8379</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Lee Kehrum</u>	Agent Phone: <u>715-209-0300</u>	Agent Mailing Address (include City/State/Zip): <u>612 West 4th Street Washburn WI 54891</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Plat of Bayshore Heights</u>	Recorded Document: (i.e. Property Ownership) <u>200x637'</u>
Section <u>23</u> , Township <u>50</u> N, Range <u>04</u> W	Distance Structure is from Shoreline: <u>75'</u>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: <u>75'</u>	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>89,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City <u>Pike Sanitary</u>	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structures: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>70'</u>	Width: <u>60'</u>	Height: <u>35' 0"</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>30' x 4'</u>)	<u>360</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u>30' x 16'</u>)	<u>220</u>
	with Loft	(<u>28' x 26'</u>)	<u>730</u>
	with a Porch		
	with (2nd) Deck		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u> </u>)	(<u> </u>)
	Mobile Home (manufactured date) _____	(<u> </u>)	(<u> </u>)
	Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	Accessory Building (specify) _____	(<u> </u>)	(<u> </u>)
	Accessory Building Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance			
	Special Use: (explain) _____	(<u> </u>)	(<u> </u>)
	Conditional Use: (explain) _____	(<u> </u>)	(<u> </u>)
	Other: (explain) _____	(<u> </u>)	(<u> </u>)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 5/26/2014
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Mark R
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 612 West 4th Street Washburn WI 54891
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Plans

Page A02

Summary

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	212 Feet	Setback from the Lake (ordinary high water mark) <u>top of Bank</u>	75 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	245 Feet	Setback from the Bank or Bluff	75 Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	40 Feet	Setback from 20% Slope Area	75 Feet
Setback from the East Lot Line	17 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	22 Feet	Setback to Well	50 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>PIKE'S BAY CONSTRUCTION</u>	# of bedrooms: <u>Approved</u>	Sanitary Date: <u>Approved</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>14-0095</u>		Permit Date: <u>6-4-14</u>		
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By <u>Surveyor</u>	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>SITE WAS INSPECTED BY SURVEYOR</u>				
Date of Inspection: <u>6-3-14</u>	Inspected by: <u>J. CORMIERA MURPHY</u>			Date of Re-Inspection:
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Date of Approval: <u>6-2-14</u>		
UDC PERMIT REQUIRED. 50' VEGETATIVE BUFFER SHALL REMAIN INTACT EXCEPT FOR 30 FT WIDE SETBACK CUT (NOT CLEARED) VIEW CORRIDOR @ LOCATION OF STAIRWAY ACCESS 50' MEASURED FROM TOP OF BLUFF.				
Signature of Inspector:				
Hold For Sanitary: <input checked="" type="checkbox"/> SANIT. <input type="checkbox"/> DIG.	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	14-0097
Date:	6-4-14
Amount Paid:	\$905.29-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Date Stamp (Received)
MAY 29 2014

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	STEVEN PKEUOST		Mailing Address:	A.C. BOX 1515		City/State/Zip:	BAYFIELD WI 54814	
Address of Property:	36810 271 MAY J		City/State/Zip:	BAYFIELD WI 54814		Cell Phone:	715-308-4920	
Contractor:	SELF		Contractor Phone:	715-308-4920		Plumber:	N/A	
Authorized Agent:	(Person Signing Application on behalf of Owner(s))		Agent Phone:	N/A		Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION	S495' of W4495'		PIN: (23 digits)	04-006-2-50-4-12-1 02.000.3000		Recorded Document: (i.e. Property Ownership)	Volume 1085 Pages 368	
Legal Description: (use Tax Statement)	NW 1/4, NE 1/4		Gov't Lot	Lot(s)		CSM	Vol & Page	Lot(s) No.
Section 18, Township 50 N, Range 4 W								
Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 30000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>COM</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 40'	Width: 30'	Height: 18'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		() X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		() X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		() X)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		() X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		() X)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		() X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		() X)	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/>		() X)	
<input type="checkbox"/> Mobile Home (manufactured detel)	<input type="checkbox"/>		() X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		() X)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>PTAGGE</u>	<input checked="" type="checkbox"/>		(30 X 40)	1200
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		() X)	
Rec'd for Issuance	<input type="checkbox"/>			
JUN 04 2014	<input type="checkbox"/>	Special Use: (explain)	() X)	
Secretarial Staff	<input type="checkbox"/>	Conditional Use: (explain)	() X)	
	<input type="checkbox"/>	Other: (explain)	() X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy of all information I (we) am (are) providing, and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing for with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for the purpose of inspection.

Owner(s): Steven Pkeuost
(if there are multiple Owners, each on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-29-14

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

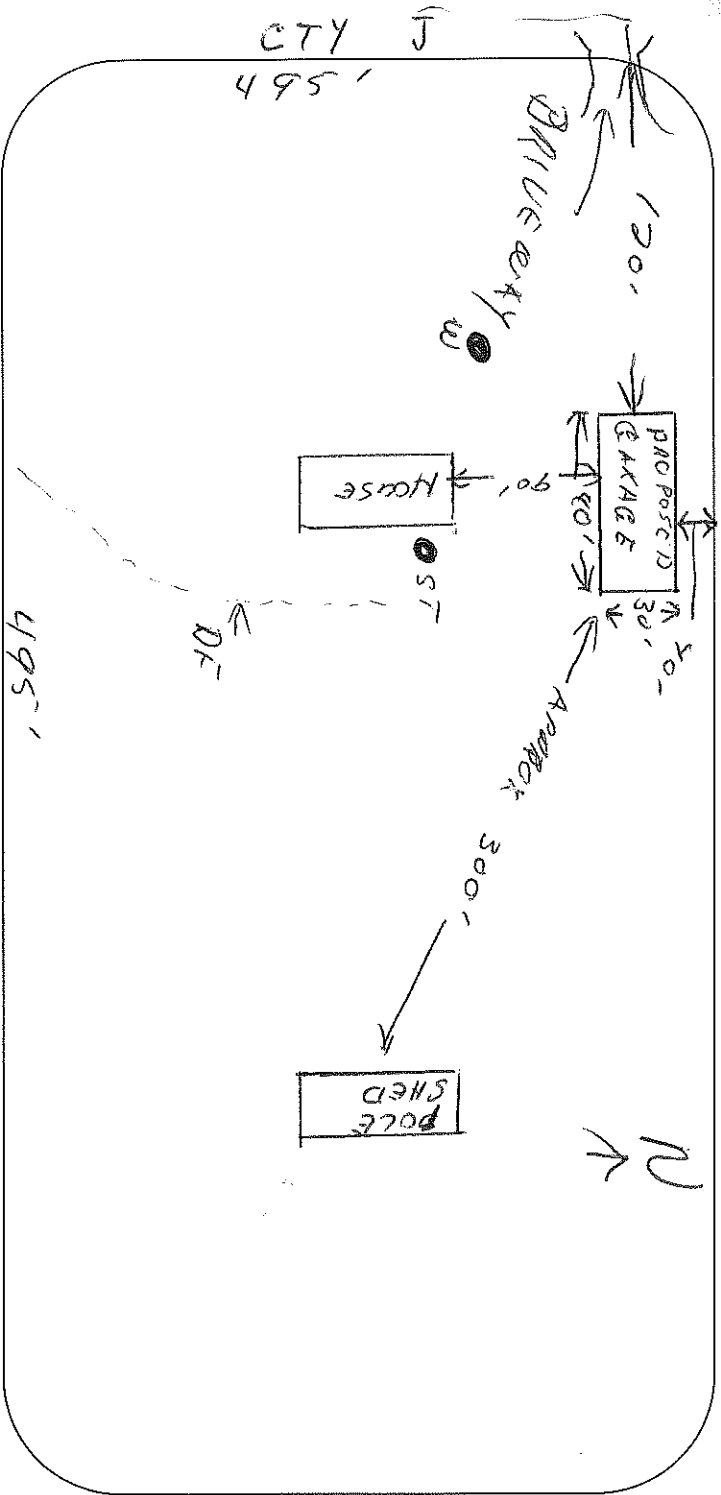
Address to send permit

STEVEN J PKEUOST P.O. BOX 1515 BAYFIELD WI 54814 Attach
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	425 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	120 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	335 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	105 Feet	Setback to Well	93 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0097		Permit Date: 6-14-14			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: site staked & prepped for bldg. nearest stake = 40 ft from flagged side property boundary. appears code compliant as represented by owner.		Inspected by: J. C. CORMACK - Murphy		Zoning District (R-1)	Lakes Classification (N/A)
Date of Inspection: 6-2-14				Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
NOT APPROVED FOR HUMAN HABITATION. ACCESSORY SHED NOT BE CONVERTED TO PRESSURIZED WATER OR HAVE INDOOR PLUMBING FIXTURES UNLESS APP CONVENTION TO APPROVED PARTS IS APPROVED. BUILDING SHALL BE MINIMUM 30 FT FROM NEAREST SIDE PROPERTY LINE.					
Signature of Inspector:				Date of Approval:	6-2-14
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	